Image# 201612169040611939 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	TROTT, DAVID A, , , (b) Address (number and street)	Check if address shapped				2 Candidate's EEC Identification Number		
	158 PARK LAKE DRIVE	☐ Check if address changed				2. Candidate's FEC Identification Number H4MI11097		
	(c) City, State, and ZIP Code					3. Is This New Amende	ed	
	BIRMINGHAM		M	4800	9	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Soug	ıht			trict of Candidate		
	REPUBLICAN PARTY	House			MI	11		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
TROTT FOR CONGRESS, INC.								
	(b) Address (number and street)							
	P.O. BOX 217							
	(c) City, State, and ZIP Code						-	
	TROY				MI	48099		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES								
(Including Joint Fundraising Representatives)								
8	I hereby authorize the following nar	med committee	which is NO	T my princip	al campaign con	nmittee, to receive and expend funds on behalf of my	,	
0.	candidacy.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		i iiiy piiiioip	ar campaign cor	minico, to receive and expend fance on bondin or my	,	
	NOTE: This designation should be	filed with the pr	ncipal campa	ign committe	ee.			
(a) Name of Committee (in full) REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)								
THE OBLIGATION INSERTING SUCCESS & EIVIPOWERIVIENT PROJECT (RISE PROJECT)								
	(b) Address (number and street)							
	PO BOX 2485							
	(c) City, State, and ZIP Code							
	SPRINGFIELD				VA	22152		
	OF KINOFILLED				V/ (22102		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
Si	ignature of Candidate					Date	-	
TI	ROTT, DAVID, A., ,			(T)		12/16/2016		
				[Elect	tronically Filed]	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) Page 2 / 2

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

TO REPUBLICANS OWNING THIS TOWN IN EVERY RACE PAC TROTTER PAC

(b) Address (number and street) PO BOX 801

(c) City, State and ZIP Code

NOVI

MI

48376

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

- (a) Name of Committee (in full)
- (b) Address (number and street)
- (c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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NOTE:This designation should be filed with the principal campaign committee.

- (a) Name of Committee (in full)
- (b) Address (number and street)
- (c) City, State and ZIP Code